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FORM D





U4U53364

DATE RECEIVED

Prefix

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) N/A	
Filing Under (Check box(es) that apply):	4(6) ULOE
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
The Firm of John Dickinson Schneider, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Cod 2000 Hollister Drive, Libertyville, IL 60048	e) Telephone Number (Including Area Code) (847) 680-1000
Address of Principal Business Operations (Number and Street, City, State, Zip Codiff different from Executive Offices)	de) Telephone Number (Including Area Code)
Brief Description of Business	
The development, manufacture, marketing, distribution and sale of ostomy and other devand specialized predominately disposable and plastic medical devices and identification	
Type of Business Organization Corporation limited partnership, already formed other o	er (please specify):
Month Year Actual or Estimated Date of Incorporation or Organization: 10 56 Actual Unisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for SCN for Canada; FN for other foreign jurisdiction)	Estimated State: DEC 3 0 2004

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Off

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	energy survey agreem Consists was Linearist	A. BASIC ID	ENTIFICATION DATA		
2. Enter the information re			and the first state of the first		· · · · · · · · · · · · · · · · · · ·
Each promoter of t	he issuer, if the is:	suer has been organized w	vithin the past five years;		
 Each beneficial ow 	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the is:
Each executive off	icer and director o	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
 Each general and n 	nanaging partner o	of partnership issuers.			
	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or
Check Box(es) that Apply:	Fromotes	Belieficial Owlief	Executive Officer	✓ Director	Managing Partner
Full Name (Last name first, i Fremgen, Richard I.	f individual)				
Business or Residence Addre 433 Kent-Cornwall Road		Street, City, State, Zip Co 06757	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Haught, Melvin R.	f individual)				
Business or Residence Addre 2514 Scholte Straat, Pell	•	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Herbert, Alan F.	f individual)				
Business or Residence Addre 25550 Tuscarora Court,	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Lindner, Elizabeth R.					
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
5310-61 Avenue, Apt. 4,	Olds, Alberta, T	4H 1L3 Canada			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Zwirner, Richard T.	f individual)				
Business or Residence Addre 1540 Heritage Court, Lak	•	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Sauerland, William D.	f individual)	-			
Business or Residence Addre 815 N. Paradise Lane, L	•	Street, City, State, Zip C 0048	ode)		
Check Box(es) that Apply:	Promoter	✓ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	•	nc. Preferred Share To	rust April 21, 1999		
Business or Residence Addre One Prudential Plaza, Su	,		*		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	1.74			99 87	B. II	NFORMAT	ION ABOU	T OFFERI	NG		Y. C.		
1.	Has the	issuer sold	or does th	e iccuer in	stand to sa	ll to non-a	coredited i	nvectors in	thic offeri	na?		Yes	No
1.	mas the	issuer soru	, or does if			Appendix					•••••	X	
2.	What is	the minim	ım investm					_			•••••	_{\$} 2,3	81.60
										Yes	No		
3.											×		
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only. Il Name (Last name first, if individual)								he offering. with a state				
Ful N/		Last name f	īrst, if indi	vidual)									
Bus	siness or	Residence A	Address (N	umber and	Street, C	ity, State, Z	Zip Code)						
Naı	me of As	sociated Bro	oker or Dea	aler									
Sta	tes in W	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				·- ·· · · · · · · · · · · · · · · · · ·		
	(Check	"All States"	" or check	individual	States)	•••••				•••••	•••••	☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name f	īrst, if indi	vidual)									
Bu	siness or	Residence	Address (N	Number an	d Street, C	City, State,	Zip Code)					·	
Nai	me of As	sociated Bro	oker or De	aler							· · · · · · · · · · · · · · · · · · ·		
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
		"All States"							********	••••		∏ Al	1 States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (Last name f	irst, if indi	vidual)									
Bu	siness or	Residence	Address (N	Number an	d Street, C	City, State,	Zip Code)						
Nai	me of As	sociated Bro	oker or De	aler									
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)							☐ Al	l States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ 843,324.56	\$ 745,678.96
	✓ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)	<u> </u>	
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$ 745,678.96
	Total (for filings under Rule 504 only)	84	\$_745,678.96
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$ 123,324.50
	Total		\$ 123,324.50
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	:	3_125,0200
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	_	\$ 45,000.00
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)		\$ \$
	Other Expenses (identify) Blue Sky Fees	_	\$ 100.00
	Total		s 45,100.00
	4. V No. 2007 (1977)		· ·

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gro	SS	798,224.56
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par	oceed to the issuer used or proposed to be used f ny purpose is not known, furnish an estimate an f the payments listed must equal the adjusted gro	or nd	<u> </u>
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate			
	Purchase, rental or leasing and installation of made and equipment	chinery	_	
	Construction or leasing of plant buildings and fac	cilities	🔲 \$	\$
	Acquisition of other businesses (including the va offering that may be used in exchange for the assissuer pursuant to a merger)	ets or securities of another	🔲 \$	
	Repayment of indebtedness		🔲 \$	
	Working capital			
	Other (specify): Payment of principal and interest	est on subordinated promissory notes	\$88,762.57	\$_709,461.99
			- 	\$
	Column Totals		\$_88,762.57	\$ 709,461.99
	Total Payments Listed (column totals added)		\\$_79	98,224.56
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Comn	nission, upon writte	
Iss	er (Print or Type)	Signature	Date	
Th	e Firm of John Dickinson Schneider, Inc.	dian J. Thillits	December 23, 2	004
	ne of Signer (Print or Type) an J. Thielitz	Title of Signer (Print or Type) Secretary		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		energy py
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
The Firm of John Dickinson Schneider, Inc.		December 23, 2004
Name (Print or Type)	Title (Print or Type)	
Dian J. Thielitz	Secretary	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

$oxed{ ext{APPENDLX}}$

1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Sinvestor and rchased in State C-Item 2)		Disqual Under Sta (if yes, explana waiver (Part E-	ification ite ULOE attach ition of granted)
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL									
AK								monumento de transporto de la constancia	
AZ									
AR									
CA								March Adam or Attended	
со									
СТ									
DE		***************************************							an parameters their brains of
DC							·		
FL									
GA	L							<u></u> j	
HI		00.000.000.000.000.000.000.000.000.000							
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IA	CONTRACTOR								
KS									
KY									
LA	-starte dirette ann a constant ann ann ann a								
ME	***************************************						,		
MD									
MA									
MI									
MN									
MS									,,

APPENDIX 5 1 2 3 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach offering price Type of investor and amount purchased in State explanation of to non-accredited waiver granted) offered in state investors in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Accredited Non-Accredited State Yes No Investors Amount **Investors** Amount Yes No MO MTNE NVNH NJ NM NY NC ND OH OK OR PA RI SCSD TN TX. UT VT VAWA WV WI

	APPENDIX										
1	2 Intend to sell to non-accredited investors in State		3 Type of security and aggregate offering price offered in state	Type of investor and amount purchased in State		amount purchased in State			lification ate ULOE attach ation of granted)		
	(Part B	-Item 1)	(Part C-Item 1)	(Part C-Item 2) Number of Number of Non-Accredited			(Part E	-Item 1)			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No		
WY							L				
PR											